State Water Resources Control Board Division of Financial Assistance P.O. Box 944212 Sacramento, CA 94244-2120

## Grants for Installing Underground Storage Tanks APPLICATION

This application provides required information to apply for an underground storage tank installation grant through the RUST Program, as authorized in Chapter 6.77 (commencing with section 25299.200) of division 20 of the Health and Safety Code. Complete and submit this application with all required documentation to the above address.

required documentation to the above address.									
APPLICANT INFORMATION									
This application is being filed by: UST Owner UST Operator						UST Owner & Operator			
Applicant/Business Name					Fed Tax ID/SSN:*				
Project Address:	City			State		Zip Code			
Mailing Address:		City			State			Zip Code	
Contact Person Te	Cell No.				Fax No.				
Applicant Status (Check One)									
Please answer the following:  1. Has/will tank installation project commence on or after July 1, 2004?  YES  NO  2. Is this business independently owned and operated?  YES  NO  3. Is this business dominant statewide in its field of operation?  YES  NO  4. Does this business employ fewer than 500 full/part time employees?  YES  NO  Please attach the following:  • Copy of Applicant's most recent California Tax Return (Business & Individuals).  • Copy of Permit to Install from Local Authority or Evidence from Local Authority requiring new tanks to be installed.  • List permanent address of business, owner(s), and all business' officers.									
ESTIMATE OF COSTS									
A. Eligible Costs for Enhanced Leak Detection Testing (Attach Contract or Invoices)						\$			
B. Estimated Eligible Costs Interstitial Monitoring Equipment (Attach Contract or Invoices)						\$	·		
TOTAL						\$			
VERIFICATION AND SIGNATURE									
As the undersigned applicant(s) to the Grants for Installing Underground Storage Tank Program, I (we) hereby certify, under penalty of perjury, under the laws of the State of California, that the information provided in this Application is true and correct and represents the intended use of all sources of funds identified in the Application, and that I will inform the State Water Resources Control Board immediately of any changes therein.  Executed on this day of									
Executed on this		day of				20	·		
Signature									
Printed Name Title					Title				
Signature									
Printed Name Title									
Optional Information for Government Monitoring Purposes Race/National Origin  American Indian Asian/Pacific Islander Hispanic Caucasian; not Hispanic Other (specify)  Caucasian									

Rev. 12/8/04

<sup>\*</sup> If a federal employer identification number is unavailable, a social security number is required. Pursuant to the Federal Privacy Act of 1974 (Public Law 93-579), you are hereby notified that it is mandatory to provide your social security number. Failure to provide the requested information will result in denial of the grant application. The social security number will be used by the State solely for the purpose of identifying the recipient of the grant funds. Applicants have the right to inspect records containing personal information maintained by the Board.